

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012873

STATE FILE NUMBER

FILED MAY 11 1959 Registration District No. 110 Primary Registration District No. 4182 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <i>Franklin</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Franklin</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Beaufort</i> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <i>Washington</i> 036 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>1/2 mile west of HWY E on Mo. 30 mi.</i> Length of stay in lb		d. STREET ADDRESS (If outside, give location) <i>R1 West.</i> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>Edward Clay Bailey</i>		4. DATE OF DEATH Month Day Year <i>May 7, 1959</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> 3 WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <i>Dec. 27 1935</i>
9. AGE (In years last birthday) <i>23</i> Months <i>4</i> Days <i>10</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Truck Driver</i>	
11. BIRTHPLACE (City and state or country) <i>Washington, Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
13a. FATHER'S NAME <i>George Allen Bailey</i>		13b. MOTHER'S MARRIED NAME <i>Ora Dykes</i>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or unknown) (If yes, give war or dates of service) <i>Yes 10-27-54 to 10-56 486-40-4039</i>	
16. SOCIAL SECURITY NO. <i>Geo. A. Bailey, Washington, R.W. Mo.</i>		17. INFORMANT Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Multiple injuries and burning as result of truck accident</i> Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. DUE TO (b) <i>truck accident</i> DUE TO (c) <i>instant</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>Subject was driving truck</i>	
20c. TIME OF INJURY Hour Month, Day, Year <i>1:10 p.m. 5/7/59</i>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg.) <i>Highway 100 Chance War New Haven Franklin Mo</i>	
20e. INJURY OCCURRED WHILE AT <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY <i>036</i> STATE	
21. I attended the deceased from Death occurred at <i>1:10 p.m.</i> to and last saw her/him alive on m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <i>Dr. J. H. Ditt</i> 3	
22b. ADDRESS <i>Union Co Mo</i>		22c. DATE SIGNED <i>5/8/59</i>	
23a. BURIAL, CREATION, REMOVAL (Specify) <i>Burial May 9, 1959</i>		23b. DATE <i>May 9, 1959</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Bailey Family Cemetery</i>		23d. LOCATION (City, town, or country) (State) <i>Washington R.W. Missouri</i>	
24. FUNERAL DIRECTOR <i>Nieburg & Ditt, Inc. Washington, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>May 8-1959</i>	
26. REGISTRAR'S SIGNATURE <i>Nattie Murphy</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

MAY 14 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Lester A. Witt*

Licensed Embalmer No. *3754*

P. O. Address *Washington, Md.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.